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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	

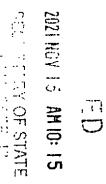
Office Use Only

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COVER LETTER

10:	Registration Se Division of Cor		3	i
	lanņarelli A	accounting, LLC		••
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Katherine lannarelli		
			Name of Person	
		Family Financial Accounti	ing Services, LLC	
			Firm/Company	
		616 Headwaters Lane		
		-	Address	
		Saint Augustine, FL 32092	2	
		Ffaservices@outlook.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information c	oncerning this matter, please c	all:	
Kather	rine fannarelli		386 316-7763	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Iannarelli Accounting, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____September 7, 2021 and assigned Florida document number ______L21000396497 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Family Financial Accounting Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Chris lannarelli	616 Headwaters Lane	
		0.1.4	= Add
		Saint Augustine, FL 32092	□Remove
			7
AMBR	Lesley Iannarelli	616 Headwaters Lane	Change
	· 		= Add
		Saint Augustine, FL 32092	□Remove
			Change
AMBR	Michael Snyder	616 Headwaters Lane	≣ Add
		Saint Augustine, FL 32092	
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